

APPLICATION FOR DUPLICATE LICENSE

INSTRUCTIONS: Complete this form and return with **\$12.00** fee for each duplicate license requested to California State Department of Health Services, Laboratory Field Services, 2151 Berkeley Way, Annex 12, Berkeley, CA 94704-1011. Use typewriter or print. Return original license if requesting duplicate because of change in name.

DO NOT WRITE IN THIS SPACE

Fee: _____

License number: _____ Date issued: _____

Duplicate number: _____ Date issued: _____

Name (first, middle, last)

Address (number, street)

City

State

ZIP code

Type of license requested

Number of duplicates requested

Amount remitted

Signature

Date



NOTE: Effective January 1, 1977, the Governor's Executive Order Number B-22-76 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. The information requested on this form is mandatory, and is authorized under the provisions of Chapter 3, Division 2 of the Business and Professions Code and Chapter 2, Title 17 of the Administrative Code. Mandatory information is used to properly identify an applicant and to determine an individual's eligibility for licensure. Failure to provide such information would preclude acceptance of your application. You have the right to review your file which is maintained by: Chief, Laboratory Field Services, Department of Health Services, 2151 Berkeley Way, Annex 12, Berkeley, California, 94704-1011, Telephone (510) 873-6328.

LAB 176 (1/99)

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